Menominee Indian Tribe of \	MISCONSIN										ninee Tribal C	ourt					
Intake Case Number	Court Referral – Child/Juvenil (Non-Law Enforcement Referra						2. Court Case Number										
3. Child's/Juvenile's Name (Last, First, Middle) 4. Child's			Child's Alias/N	ickname	5. A	ge	6. Date	rth	th 7. Sex ☐ Female ☐ Male								
8. Child's/Juvenile' Street Address City State						p Code	9. Child's Race										
							☐ Indian Child ☐ Tribe:										
									ninee E								
☐ Located within the Menominee Inc	dian Reservat	ion					 ☐ Menominee Descendant ☐ African American ☐ Asian/Pacific Islander 										
County of Residence/Domicile:							☐ Caucasian ☐ Hispanic ☐ Other:										
10. Child's Home Telephone	11. Child's	School/P	Place of Emplo	vment			12. Child's Grade/Occupation										
re. eriila e rieme releptione	Tr. Orma	001100171	acc or Emple	ymon			'-	0		400,00	oodpation						
13. Parent #1's Legal Name and Add	ress:					Marital	Status	Т	Work:								
								E	Home								
Legal Status: ☐ Alleged ☐ Adjudica	Biological	Unknown				L	TIOTIC	•									
14. Parent #1's Legal Name and Address:						Marital	Status	E P	Work:								
Logal Status: Allogad Adjudies	ntod □ Bros	umod 🗆	Riological □	Linknown				Н	Home	:							
Legal Status: ☐ Alleged ☐ Adjudicated ☐ Presumed ☐ Biological ☐ Unkno 15. Guardian/Legal Caretaker/Supervisory Agency Name and Address:						Marital	Status	0	147								
10. Guardian 20gai Garotakon Gapor Noony Agonoy Mario and Adare				i. iviantai			Ciarac	Work: Home:									
								Е	поше	•							
16. Name of Referring Agency			17. (Office Tele	phone)			18. F	ile/Ca	se Number						
19. Prior Record with Referring Agency: ☐ No ☐ Yes If yes, describe manner of handling: ☐ Additional information attached.							20. Name of Referring Person										
O4 December 1																	
21.Reason(s) Referral:	. 1. 5																
Describe Allegations(s): ☐ Additiona		attached.															
Dates(s) Statut	te Number(s)			Offen	se												
22. Name of Accomplice(s)	Address				S	ex	Birth D	ate (N	/lo/Day/	/Yr)	Referred to Ct/0	Cited					
						F D M					☐ Yes ☐ No)					
						F D M					☐ Yes ☐ No	1					
						F D M					☐ Yes ☐ No						
23. Name of Victim and Address			23. Name of Victim and Address 24. Parent						s) Notified No Yes 25. Date Referral to Intake								
						Notified [∃No □	Yes		_	Jale Neleliai lo II	y loss or medical bills:					
□ No □											Jale Nelellai lo II						
				26. Prop	perty lo	oss or me	dical bill			-	Jale Relenal to II						
				26. Prop	perty lo	oss or me	dical bill				Sale Neieman to ii						
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28. Interview Date and Time	RY RECO	MMEND		26. Prop □ No	perty lo	oss or me s Estima 27. Date	dical billite: \$	s: ral	to Into		Sale Neierral to II						
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28. Interview Date and Time 30. Custody Authorization: □ Released □ Detained Date: □ Nonsecure: □ Secure: 32. Intake Recommendation – Check A. Case Closed	T all appropria E E	me: te boxes. 3. Deferred	29. Present a □ a.m. □	26. Prop No at Interview p.m.	oerty lo	27. Date 31. □ N If ch	dical bill: te: \$ of Referi Prior Ref lo	erralses Heged coosition	ow Mar delinque on repor detition de Viola	ke: ny? ent pre t to Pr	eviously attach pri rosecutor.	or					
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